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Office of the Surgeon
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CIRCULAR LETTER NO. 15

PRIORITY FOR DETERMINING CAUSE OF DEATH IN NON-BATTLE DEATHS I
DENTAL RECORDS II
FOLLOW-UP OF VENEREAL DISEASE CASES III

I - PRIORITY FOR DETERMINING CAUSE OF DEATH IN NON-BATTLE DEATHS

All non-battle deaths whose initial report of death gives cause of death unknown will be given first priority in the completion of autopsy determination of cause of death. When autopsy findings are complete, the AG Casualty Branch of the command concerned will be promptly notified of the finding.

II - DENTAL RECORDS

1. Daily work sheets. In the future, in this theater, each dental office performing dental operations, will prepare and keep a daily work sheet. This work sheet will show the name of the patient, the hour the patient was seen, the diagnosis, the operative procedure or procedures performed, the classification at the completion of each sitting and, if not placed in class IV, a notation showing whether or not a reappointment was given. These work sheets will be retained in chronological order for a period of three months after which time they may be destroyed.

2. Register of Dental patients, AGO Form 8-116 (formerly WD MD Form 79). Attention is invited to par. 3, AR 40-1010. Examinations of dental services reveal that the provisions of the above quoted regulation are not being observed in numerous instances. A register of Dental Patients should be prepared for every patient admitted to a dental clinic. If prepared in longhand they should be legibly written and all required entries made. All register cards should be retained in the organization pending instructions regarding their final disposition.

III - FOLLOW-UP OF VENEREAL DISEASE CASES

1. In order to achieve higher standards in the follow-up of venereal disease cases, the procedure outlined below will be adopted:

a. The upper portion of a card (3" x 5") as shown below will be completed in duplicate by the medical officer who diagnoses and treats a case of venereal disease, (urethritis, cause undetermined and penile ulcer, cause

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undetermined will be considered to be venereal diseases for this purpose). These cards will be forwarded as follows:

(1) One card will be sent to the Medical Officer responsible for the medical care of the individual's unit.

(2) One card will be sent to the Surgeon, MTOUSA (Attention: Venereal Disease Control Officer).

Name _____		ASN _____	
Organization _____		Date of Report _____	
Diagnosis _____		(S) _____	
Organization of Medical Officer Signing _____			
Date	Result	Date	Result

b. The results of follow-up examinations will be reported by the responsible medical officer to the Surgeon, MTOUSA (Attention: Venereal Disease Control Officer) on a card (3" x 5") form as shown below:

Name _____		ASN _____	
Organization _____		Date of Report _____	
SEROLOGICAL TEST FOR SYPHILIS			
Date	Test	Results	
PHYSICAL EXAMINATION			
Date	Result		
Remarks _____			
(S) _____			
APC	Organization of Medical Officer Signing _____		

2. Number of reports required:

a. Initial reports as outlined in par. 1a above will be required on all cases diagnosed subsequent to receipt of this notice. Medical Officers will also

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survey the organizations to which they are assigned and complete similar forms on ALL cases now being followed by them and send one copy to the Surgeon, MTOUSA. The date of report on these will be the date on which diagnosis was made.

b. Follow-up reports as outlined in par. 1b above will be made to Surgeon, MTOUSA, as follows:

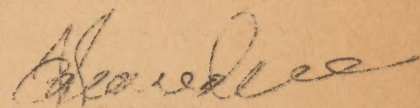
(1) Syphilis. Three follow-up reports are required, 3, 6 and 9 months after diagnosis. (Since the 12 month follow-up will be contained in the Syphilis Register no special report of this is required, unless it is decided that further treatment or observation is to be given).

(2) Gonorrhea, Chancroid, Lymphopathia venereum, Granuloma Inguinale, Urethritis, cause undetermined, and Penile Ulcer, cause undetermined. Only the final follow-up report, made three months after diagnosis will be forwarded to the surgeon, MTOUSA. (This is not to be interpreted as changing the follow-up procedures as outlined in surgeon's Circular Letter No. 4, "Management of Venereal Diseases," dated 25 January 1945).

3. Transfer of Individuals being followed up for Venereal Disease. In the event of transfer of an individual being followed up for a venereal disease, the follow-up card of the unit will be forwarded to his new unit.

4. Death, Capture, Transfer to Z.I., Transfer to Another Theater, or Otherwise Missing Individuals. When an individual who is being followed is lost in one of the above ways, a final follow-up report will be rendered to Surgeon, MTOUSA, stating the facts under remarks section of card shown in par. 1b above.

For the SURGEON:



E. STANDLEE,
Colonel, M.C.,
Deputy Surgeon.

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